

Ombudsman Western Australia

Reasons for Representation Form

Details of Person Making the Complaint (Complainant):

Full Name: _____

Address: _____

Phone: _____ Email: _____

Details of Representative:

Full Name: _____

Address: _____

Phone: _____ Email: _____

Relationship of Representative to Complainant: _____

Reasons why Complainant is unable to act for themselves:

Authority to Act:

I, _____ request that _____ represent
(insert complainants name) (insert representatives name)

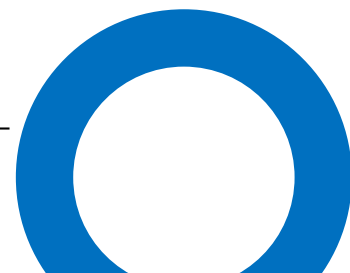
me regarding my complaint to the Ombudsman. I authorise my representative to provide the Office of the Ombudsman with details of my complaint and any supporting documents and to discuss my complaint with the staff of the Ombudsman.

(Signature of complainant) (Date)

I, _____ agree to represent the complainant regarding their complaint
(insert representatives name)

to the Ombudsman.

(Signature of representative) (Date)



Ombudsman Western Australia

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